

Application for Aging at Home: Grounds Maintenance Program



Applications shall be made to the attention of the Director of Municipal Infrastructure.

scəwəθən məsteyəx^w
TSAWVASSEN FIRST NATION

Applicant Information

Name: _____

Membership Number: _____

Date of Birth: _____

Phone Number: _____ Email Address: _____

Address

Services

Type of Work (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Lawn cutting (Trim, Cut, Blow) | <input type="checkbox"/> Top Soil or Mulch (2 Yards Delivered) |
| <input type="checkbox"/> Minor Gardening | <input type="checkbox"/> Other minor landscaping |

Description of work:

Frequency of Lawn Cutting:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> One-time | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Other _____ |

If you reside in a TFN owned property, have you submitted a prior request to TFN Housing?

- Yes
- No

Cost (estimated or actual):

Contractor (if applicable)

Contractor name:

Contractor Phone: _____

Contractor Email: _____

Business License No (if applicable):

Contractors MUST have a valid Business License to do work on Tsawwassen Lands. Apply to the Lands Department for a business license if you do not have one.

I confirm that the information set out above is correct.

Signature: _____ Date: _____

Approval - staff use only; do not write in this section.

Approved: Not Approved:

If not approved, provide reasons _____

Director's Signature: _____ Date: _____